



Members Receiving Preventive Dental or Oral Health Services (PREV_DENTOR)

Measure Basic Information

Name and date of specifications used:

This measure is developed by OHA following dental procedure codes defined in CMS-416 Annual Early and Periodic Screen, Diagnostic and Treatment Participation Report (EPSDT, Dental Lines 12a, 12b, 12c, 12e).

<https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf>

The measure also follows Dental Quality Alliance (DQA) Dental Services Utilization measure series for the continuous enrollment criteria and the method for reporting three separate rates: Dental Services, Oral Health Services, Dental or Oral Health Services.

<https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures>

Measure Type:

HEDIS Survey Other Specify: OHA developed based on CMS and DQA similar measures

Measure Utility:

CCO Incentive (Preventive Dental or Oral Services for age 1-5 & 6-14) CMS Adult Core Set
 CMS Child Core Set Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2026 – December 31, 2026

| Benchmark for OHA measurement year | 2024^ | 2025^ | 2026^ |
|---|---|---|---|
| PREV_DENTOR_Age1-5 | 52.9% | 60.6% | 66.3% |
| PREV_DENTOR_Age6-14 | 61.0% | 67.3% | 70.8% |
| Improvement target for OHA measurement year | MN method with 1 percentage point floor; must meet both age ranges to achieve measure | MN method with 2 percentage point floor; must meet both age ranges to achieve measure | MN method with 2 percentage point floor; must meet both age ranges to achieve measure |
| Source: | MY2022 CCO 75 th percentile | MY2023 CCO 90 th percentile | MY2024 CCO 90 th percentile |

[^]This measure is selected for Challenge Pool.

Note on telehealth: This measure is eligible for telehealth/teledentistry. Some qualifying services such as D1310 'nutritional counseling' and D1330 'oral hygiene instructions' may be delivered in a teledentistry visit, but subject to providers' determination whether required components can be provided equivalent to an in-person visit. These activities as documented in the claims data by the



providers is based on their clinical judgment. If the rendering provider documents a qualifying CDT/CPT code in the claims form, the visit should be counted in the measure, irrespective if the visit was virtual or in person.

Changes in specifications from MY2025 to MY2026: None.

CCO coverage type: CCOA CCOB CCOE CCOF CCOG

Starting MY2024, CCO members under the Basic Health Plan (BHP) anytime during the required continuous enrollment period are excluded from the incentive quality rates. Note that the Cover All Kids (CAK) and Healthier Oregon Program (HOP) recipients have also been excluded from the incentive quality rates.

Specify claims used in the calculation:

| | | |
|-----------------|-------------------------|------------------------|
| PREV_DENT_ORAL | Claim from matching CCO | Denied claims included |
| Numerator event | Y | Y |

Measure Details

Denominator criteria: Count of unique members age 1-5 (kindergarten readiness) and 6-14 on the last day of the measurement year who meet continuous enrollment criteria.

Required exclusions for denominator: None.

Deviations from cited specifications for denominator: n/a. Note the similar CMS and DQA measures both report members age 0-20.

Continuous enrollment criteria: Continuously enrolled with the CCO for at least 180 days in the measurement year¹.

Allowable gaps in enrollment: None.

Anchor Date (if applicable): None.

Numerator 1 Criteria – Preventive Dental Services: Count of unique members in the denominator who received preventive dental services, identified by:

CDT code D1000 – D1999 by providers with taxonomy codes in the Dental Services Provider Table.

¹ The 180 days requirement is a minimum within a measurement year. If a member enrolled for 360 days with the same CCO in the year, they still only contribute to one denominator hit for the CCO. If within the reporting year a member switched from one CCO to another and had continuous 180 days with both CCOs, this member will qualify for denominator for both CCOs in the same year; numerator services are attributed independently to the CCOs that paid and submitted the claim.

Numerator 2 Criteria – Preventive Oral Health Services: Count of unique members in the denominator who received preventive oral health services, identified by:

CDT code D1000 – D1999 or CPT code 99188, by providers with taxonomy codes NOT in the Dental Services Provider Table.

Numerator 3 Criteria – Preventive Dental or Oral Health Services:** Count of unique members in the denominator who received preventive dental or oral health services, identified by:

CDT code D1000 – D1999 or CPT code 99188 (by ANY providers).

**** Starting in measurement year 2021, the measure is incentivized for Rate 3 using Numerator 1 (Preventive Dental or Oral Health Services) with children age group 1-5 (kindergarten readiness) and 6-14. Rate 1 with Numerator 1 and Rate 2 with Numerator 2 are reporting-only.**

Dental Services Provider Table:

| Taxonomy Code | Grouping | Classification | Specialization |
|---------------|-----------------------------------|---------------------------------------|--|
| 122300000X | Dental Providers | Dentist | |
| 1223D0001X | Dental Providers | Dentist | Dental Public Health |
| 1223D0004X | Dental Providers | Dentist | Dentist Anesthesiologist |
| 1223E0200X | Dental Providers | Dentist | Endodontics |
| 1223G0001X | Dental Providers | Dentist | General Practice |
| 1223P0106X | Dental Providers | Dentist | Oral and Maxillofacial Pathology |
| 1223P0221X | Dental Providers | Dentist | Pediatric Dentistry |
| 1223P0300X | Dental Providers | Dentist | Periodontics |
| 1223P0700X | Dental Providers | Dentist | Prosthodontics |
| 1223S0112X | Dental Providers | Dentist | Oral and Maxillofacial Surgery |
| 1223X0008X | Dental Providers | Dentist | Oral and Maxillofacial Radiology |
| 1223X0400X | Dental Providers | Dentist | Orthodontics and Dentofacial Orthopedics |
| 124Q00000X | Dental Providers | Dental Hygienist | |
| 125J00000X | Dental Providers | Dental Therapist | |
| 125K00000X | Dental Providers | Advanced Practice Dental Therapist | |
| 125Q00000X | Dental Providers | Oral Medicinist | |
| 261QF0400X | Ambulatory Health Care Facilities | Clinic/Center | Federally Qualified Health Center (FQHC) |
| 261QR1300X | Ambulatory Health Care Facilities | Clinic/Center | Rural Health |
| 1223X2210X | Dental Providers | Dentist | Orofacial Pain |
| 122400000X | Dental Providers | Denturist | |
| 126800000X | Dental Providers | Dental Assistant | |

| Taxonomy Code | Grouping | Classification | Specialization |
|---------------|-------------------------------------|------------------------------|--------------------------------|
| 261QD0000X | Ambulatory Health Care Facilities | Clinic/Center | Dental |
| 204E00000X | Allopathic & Osteopathic Physicians | Oral & Maxillofacial Surgery | |
| 261QS0112X | Ambulatory Health Care Facilities | Clinic/Center | Oral and Maxillofacial Surgery |

Note: A qualifying taxonomy code can be captured in either the billing provider or the rendering provider information in the claims.

Report each category separately and with age stratification (based on members' age as of the last day of the measurement year):

| Age group | Denominator | 1. Preventive Dental Services | | 2. Preventive Oral Health Services | | <u>3. Preventive Dental or Oral Health Services**</u> | |
|----------------------|-------------|-------------------------------|------------|------------------------------------|------------|--|------------|
| | | Numerator 1 | Rate 1 (%) | Numerator 2 | Rate 2 (%) | Numerator 3 | Rate 3 (%) |
| <u>1-5**</u> | | | | | | | |
| <u>6-14**</u> | | | | | | | |

**** Starting in measurement year 2021, the measure is incentivized for Rate 3 Preventive Dental or Oral Health Services with children age group 1-5 (kindergarten readiness) and 6-14. Rate 1 and Rate 2 are reporting-only.**

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: n/a.